

PROCESSING & CUSTOMER SERVICE DIVISION ● 2135 RIMROCK ROAD ● MADISON, WISCONSIN ● (608) 266-2776

SUBSTITUTE WAGE STATEMENT

EMPLOYEE COMPLAINT

INSTRUCTIONS

- 1. CONTACT your employer and attempt to obtain a correct Wage and Tax Statement (Form W-2).
- 2. **COMPLETE** this form in as much detail as possible. If this form is not complete it may be returned to you.
- 3. ATTACH copies of all check stubs from this employer and any other information you have regarding your wage payments.
- 4. ATTACH one copy of this form AND the supporting documents to your Wisconsin income tax return. Remember to file your income tax return on time.
- 5. **KEEP** one copy of this form and the supporting documents for your records.

INFORMATION ABOUT YOU, THE EMPLOYEE			INFORMATION ABOUT YOUR EMPLOYER		
NAME			NAME		
ADDRESS			ADDRESS		
TELEPHONE () -			TELEPHONE () -		
SOCIAL SECURITY NUMBER			OWNER'S NAME		
			WISCONSIN EMPLOYER ID# (if known)		
		FED	ERAL EMPLOYER ID# (If known)		
QUESTIONS					
Period worker	ed for employer during the tax	year from	/ to	_ / /	
			M D Y M	D Y	
2. Where did yo	ou work?				
3. Wages paid	by 🔲 cash 🔲 d	company check	personal check		
4. Pay Period					
5. What was your rate of pay?					
6. How many withholding exemptions did you claim?					
7. What kind of work did you do?					
8. Did you have a contract with this employer? no yes If yes, attach copy.					
9. Did this employer have other employees? no yes If yes, how many?					
10. What attempts have you made to obtain a wage statement from this employer?					
To. What attempts have you made to obtain a wage statement from this employer:					
COLLEGE -					
DATE OF	rovide the information requested below	for each payment you receive FEDERAL TAX	d from the employer named above. Attach a	STATE TAX	
PAYMENT	GROSS WAGES	WITHHELD	WITHHELD	WITHHELD	
Totala					
Totals					
I hereby declare the	nat the amount of wages show	n above is not less that	n the gross wages paid to me by th	ne above named employer,	
			amount actually withheld to the be		
belief.					
SIGNATURE OF EMPLOYEE			DATE		
2.2					
W 404 (D. 2.02)					